King County	Department of Adult and Juvenile Detention All Divisions General Policy Manual
	Chapter 3 **Safety and Emergency Procedures**

3.01.012 - TB Control Program		Approved By:	Director Allen Nance
		Effective Date:	May 21, 2025
		Reviewed By:	PRC, Employee Health
Distribution:	**PUBLIC**	Review Date:	April 23, 2025

Purpose

I. The Department of Adult and Juvenile Detention (DAJD) and Public Health Seattle King County (PHSKC) recognizes the potential risk of airborne transmission of infection by the bacteria that causes tuberculosis (TB) in a facility setting and considers the prevention and control of TB as a priority health issue that is implemented through education, identification, assessment, surveillance, follow-up, and reporting to local/state agencies.

II. DAJD will provide guidelines to assist in preventing, controlling, and treating TB consistent with the Washington Industrial Safety and Health Act (DOSH), The Centers for Disease Control and Prevention (CDC), Public Health Seattle/King County (PHSKC) and the Washington State Department of Health (DOH).

Policy

All employees who have been identified to be at risk of occupational exposure to TB must follow the procedures in this plan to include annual follow up for those with latent TB infection (LTBI).

Responsibilities

I. DAJD will enforce compliance with this policy in collaboration with employee health (EH).

II. Employee Health will implement all elements of this policy in collaboration with DAJD.

III. King County Central Safety is responsible for the OSHA log and administration of workers compensation benefits.

IV. Jail Health Services (JHS) is responsible for maintaining the TB Control Program for residents at the Adult Divisions.

V. The Juvenile Division Health Clinic Provider is responsible for maintaining the TB Control Program for the detained youths at the Juvenile Division.

References

CDC:	Prevention and Control of Tuberculosis in Correctional and Detention Facilities. MMWR 2006; 55 (No. RR-09, 1-44)
DOSH:	WRD 11.36 "Tuberculosis Control In Correctional Facilities" Department of Labor and Industries Division of Occupational Safety and Health
NCCHC:	The National Commission on Correction Health Care, Clinical Practice Guidelines: Tuberculosis, Diagnosis and Management, 9/11/2017.
OSHA:	CPL 02-02-078 Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis, 06/30/2015
PHSKC:	Jail Health Services, Infectious Disease Prevention & Control 12/18/2023.
RCW:	49.17, Washington Industrial Safety and Health Act
WAC:	296-800, Safety and Health Core Rules

DAJD: 1.03.026 - Return to Work After Illness or Injury
3.01.008 - Respiratory Protection Plan
4.04.010 - Medical Isolation Transport

Definitions

Baseline Screening: The initial screening to detect Mycobacterium tuberculosis. Baseline screening is accomplished through a one-step IGRA test at King County DAJD & PHSKC.
Interferon-Gamma Release Assays (IGRAs): Whole-blood tests that can aid in diagnosing Mycobacterium tuberculosis infection. They do not help differentiate latent tuberculosis infection (LTBI) from tuberculosis disease. Prior BCG (bacilli Calmette-Guerin) vaccination does not cause a false-positive IGRA test result.
Latent Tuberculosis Infection (LTBI): A person has TB infection but no contagious disease.
Serial Screening: Ongoing screening for TB on at least an annual basis. Serial screening is accomplished by assessing for symptoms of active TB disease or administration of a TB test (IGRA). The need for and frequency of serial screening is based on the site's TB Screening Risk Classification.
Tuberculosis (TB): An infectious disease caused by Mycobacterium tuberculosis. TB usually involves the lungs but can infect any organ in the body. TB is spread by the airborne route.
Tuberculosis Screening: Evaluation for TB through baseline and serial screenings.
Washington Industrial Safety & Health Act (WISHA): A Washington State act that took effect in 1973. It gives the Department of Labor & Industries a primary responsibility for worker health and safety.

A. General Guidelines:

1. All DAJD employees who are at risk for occupational exposure to TB are covered under the WISHA TB standard and will receive annual training.
2. TB screening will be completed by all new DAJD employees that work within the detention facilities.
3. New employees with a positive TB blood test (IGRA) must receive medical clearance from an outside provider or DAJD's contracted vendor within 30 days of hire.
4. Employees with a newly identified positive IGRA after hire shall be evaluated promptly and referred to their health care provider for evaluation and possible treatment.
5. Employees with a positive IGRA that do not have infectious TB and have not provided documentation of appropriate treatment will complete an annual symptom screening.
6. Employees that have been determined to have infectious TB shall be restricted from the workplace until they are considered non-infectious by their personal health care provider and in consultation with employee health and the Public Health Seattle-King County (PHSKC) TB Medical Officer.

B. Baseline Testing/Screening

1. Employees who work within DAJD's facilities will receive baseline TB testing and symptom screening, through DAJD's contracted vendor, at no cost to them before hire or within 30 days of hire when determined necessary by employee health due to their job classification and or exposure risk.
2. TB testing for all employees will be completed using IGRA type TB blood tests. TB testing within 90 days before starting employment/service will be accepted.

C. Investigation Testing/Screening

1. All employees will obtain TB testing/screening through DAJD's contracted vendor when requested by employee health if identified as potentially exposed to TB disease.
2. The frequency of TB testing due to a potential active disease investigation will be determined by the Public Health Seattle/King County TB control program.

D. TB Infection and Disease

1. Employment is not contingent upon test results, however, a new employee with a positive IGRA is required to provide documentation of a medical exam within 30 days that they will obtain through DAJD's contracted vendor at no cost to them.
2. Medical examination for a positive IGRA will include symptom screening and chest x-ray.
3. Documentation of the medical exam will include confirmation that:
   a. The evaluation was a result of a positive TB IGRA test, and
   b. The result is or is not infectious TB disease, including a description of the workup or rational supporting this conclusion (e.g., being asymptomatic with a negative history and chest radiograph)
4. Employees with a positive IGRA that do not have infectious TB, known as LTBI, will complete an annual symptom screening when requested by Employee Health.
5. Employees with a confirmed case of active TB disease will be required to obtain treatment through their personal health care provider and clearance before returning.
   a. Treatment will not be provided by the department, however; the employee may file for workers compensation which may cover all costs if it is determined to be work related.
   b. Treatment monitoring will be provided by the health department in the county of residence.
   c. Completion of the prescribed treatment regimen is required and a medical providers statement that includes the following is required before being allowed to return to the worksite.
      1) A description of the course of treatment, diagnostic workup, and rational that supports that the employee is no longer infectious.
   d. The medical practitioner's statement will be provided to the employee health nurse, who will forward it to the Human Resources Department.
      1) If the employee has been absent more than 5 consecutive shifts, they will need to also provide the documentation required in policy 1.03.026 - Return to Work After Illness or Injury.
6. Employees with a confirmed case of active TB disease will only be allowed access to the worksite once a health care provider clears them to return to work and they have:
   a. Completed diagnostic procedures
   b. Complied with the prescribed treatment regimen, or
   c. Provided information as requested.

E. Exposure Incident/Contact Investigation

1. If an incident occurs where there is the possibility of significant employee exposure to the source case, a contact investigation will be conducted, and all potentially exposed employees will be identified. Those identified will be notified and provided follow-up TB IGRA testing through DAJD's contracted vendor according to DOH/CDC recommendations.

2. Employees that may have been exposed to an active TB case should report this to their supervisor who will consult with PHSKC Employee Health (EH) who will contact the employee.
3. After receiving a report of known active TB case, EH will contact the Seattle/King County and or the Washington state health department to communicate and collaborate appropriately. If exposure is confirmed, the local county TB program or Disease Control Officer will assist with the contact investigation.
   a. Seattle/King County TB program will provide:
      1) Medical and nursing consultation to assist in the development of TB prevention and treatment protocols,
      2) Determination of the nature and extent of the exposure,
      3) Consultation regarding the status of the employee exposed to TB disease to determine the safety of others if the exposed employee returns to work, and
      4) Assistance with developing the course of action, treatment, and follow-up necessary to respond to the infection and any possible exposures.
4. Testing following exposure will be conducted per DOH and CDC recommendations.

F. Respirator Use

1. Respirator use will comply with policy 3.01.008 - Respiratory Protection Plan.
2. All staff will follow the CDC NIOSH Guidelines for Respirator Use when entering airborne isolation where a detained individual with active TB disease is under treatment.
3. All staff will wear appropriate respirators when emergency medical response personnel or others must move, transport, or provide medical treatment to individuals with suspected or confirmed TB disease, following Department policy 3.01.008 - Respiratory Protection Plan and 4.04.010 - Medical Isolation Transport.

G. Training

1. All new employees whose normal job duties are located within the detention facilities will receive Infectious Disease Control training during New Employee Orientation (NEO), which includes identification, signs and symptoms, prevention of transmission, and an understanding of the purpose of screening.
2. Annual refresher training will be required for all the same employees online.

H. Documentation and Recordkeeping

1. Records of the screening results, medical evaluations, and treatment recommendations will be maintained by PHSKC employee health services and retained for 30 years post separation from employment.
2. Information regarding a new positive TB blood test will be documented on Occupational Safety and Health Administration (OSHA) Log of Work-Related Injuries and Illnesses and identified as a "TB test conversion", unless:
   a. It is documented that the infection occurred before beginning employment/service,
   b. The test was conducted within 2 weeks of beginning employment/service,
   c. The infection occurred due to an exposure not related to work.
3. If a person whose TB infection was entered on OSHA Log of Work-Related Injuries and Illnesses progresses to TB disease within the 5-year maintenance period, the original entry for the infection will be updated to reflect the status change.